THE MEDICAL FORTNIGHTLY

Vol. XXXII ST. LOUIS, OCTOBER 25, 1907. No. 8

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LEADING ARTICLES

RELATIONS OF THE DOCTOR TO THE ALCOHOLIC PROBLEM.*

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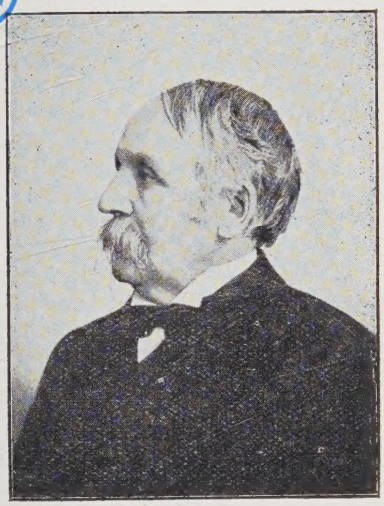
THE special purpose of this paper is to emphasize some unrecognized relations which the physician sustains to this problem, and to point out its intimate association with every-day life as a literal new and unoccupied field of practice; also to urge that the alcoholic problem when studied scientifically, the same as any other disease, will reveal means and measures which can be used in its prevention and curability.

The alcoholic problem presents many different aspects. One of the most startling, is that seen from the statistical side. The following are some of the facts which are unquestioned, and in no way depend on personal opinions or theories.

Studies of the mortality tables in this country and England, covering a long period of time, and made up largely from local and collective studies of cities, hospitals, insurance companies, etc., indicates that alcohol is a direct and indirect cause of from 10 to 20 per cent of all deaths. These present the highest and lowest estimates and are supported by a great variety of facts. Statistics of mental diseases and insanity indicates that alcohol is an active and contributory cause in from 15 to 50 per cent of all forms of mental diseases.

Studies of pauperism and idiocy show a remarkable agreement of authorities in the conclusion that fully 50 per cent of these forms of degeneration are traceable to this cause.



DR. T. D. CROTHERS.

Alcohol as an active cause in criminality is apparent from the fact that in 1906 149,000 persons were serving sentences in prisons for crime in this country, and over 50 per cent of the crimes were committed while under the influence of alcohol. Statistics of persons arrested for petty crimes associated or following from the use of spirits, numbered over 500,000 in this country alone, last year. These figures refer only to persons who have become prominent by legal or hospital notice.

Beyond this there is an unknown army of spirit and drug takers, both men and women only known to their families and occasionally to the physician, whose early death and disability give unmistakable indications of

*Paper read before the Mississippi Valley Medical Association at Columbus, O., October 10, 1907.

the real causes that are concealed. Reliable authorities show that over 50 per cent of all railroad accidents and disasters with automobiles and steamboats occur, and are due to the mistakes of persons under the influence of spirits. These conclusions are based on facts that are undisputable.

A view from the economic side, of loses and revolutions in business and home life, disasters of societies and failures is very startling. The observation of every physician presents many examples of revolutions, changes, mortalities, diseases and degenerations, and many of these condition are transmitted into the next generation, or can be traced from the generation past, and all are traceable to the free use of spirits as a beverage. Disease and degeneration that comes specifically from these causes when grouped and compared, indicate a magnitude and mortality both direct and indirect far greater than that of tuberculosis, yellow fever or any of the well-known epidemic diseases.

The prevalence of disease following the uses of alcohol has long been recognized by the public, and theories that it is a great moral defect to be overcome by spiritual training, education and legal measures founded on this theory have prevailed. Tremendous efforts are being made along these lines. Thus a great political party has been formed which polled over half a million votes, societies and crusade movements are organized, innumerable laws have been proposed and passed; fines and penalties and a great variety of means and measures are urged with increasing intensity, with the one specific purpose and hope of breaking up, neutralizing and stamping out the causes and degenerations due directly to alcohol.

The alcoholic problem as a moral evil is becoming one of the great topics of church, state and society. In the light of scientific research the tides of dissolution and degeneration, with frightful mortality and disease which spring from this source are only explainable from a study of the laws of dissolution; and also laws of cause and effect which move along exact lines from a definite origin, and through the various stages of growth, development and termination.

The certain disease and death of armies of persons find no adequate explanation in the moral theories used to explain the alcoholic phenomena of today. Physicians have not taken an active part in these great temperance movements. They have accepted the usual theories of the day and considered the work outside of their own.

Where laymen and reformers have pressed the newer teachings of science to meet startling conclusions, physicians have been in opposition, simply because they have not made any critical study of the subject. Often medical men are constitutionally incapable of forming new opinions, particularly when such opinions require readjustment and change of their previous views and practice. There are such men everywhere, who oppose every new movement of science, and deny that there is any progress. To them the teachings of the past are absolute and their own uncertain experience is a more accurate guide.

The alcoholic problem and its mass of scientific facts are passing the same ordeal which greets every new truth. First, the stage of indifference and denial, then a stage of partial recognition and an attempt to explain its phenomena without violating the old theories. Then the final stage of acceptance. This great problem is now in the second and third stages.

To a large class of medical men alcohol is still a stimulant and a good tonic, and a concentrated food, and the inebriate is a poor vice-driven weakling and the moral efforts to cure him are all that can be done. To a small class of medical men there is a physical basis for the drink problem and possibly an element of disease, but the remedies are still moral in the first stage, with a possible physical cause. To a small number of pioneers the whole problem is a physical one governed by laws of dissolution, the recognition of which will indicate the means of cure and prevention. The newer age of sharp criticism demands reasons for all theories put forward to explain the various phenomena of life. Questions are now asked if the theories concerning alcohol which have come down to us from the past are true. Why is it so destructive and degenerative in its effects? How can we explain the observed mental, muscular and nutrient degenerations which come from its use, from theories? If we put aside all theories and take up the alcoholic problem as a mass of facts that are apparent everywhere, one is astonished that medical men should not be teachers in this field.

The alcoholic problem comprises so many exact scientific questions which require the most accurate observation of facts and their meanings to understand them, that it would seem impossible for any but physicians and trained scientists to discover and trace the laws controlling them, and point out the possibility of prevention and control. Why should laymen and moralists be forced to take up this alcoholic subject and attempt to remedy and check the maladies from it on purely theoretical grounds? The only an-

swer is, because physicians have failed. The attempt of laymen to prevent smallpox, tuberculosis, typhoid fever, diphtheria and other diseases by moral efforts and appeals to the victims to do better would be equally absurd.

Another view indicates a very distinct field of prevention and curative medicine. The active physician of today recognizes the intimate relation of the effects of alcohol in a great variety of diseases. Thus, the man with pneumonia, who has used spirits is more likely to die. His vitality is low, his power of resistance is enfeebled, and death is the rule, and recovery the exception.

Sir Wm. Broadbent said, that acute pneumonia in the alcoholic was almost always fatal. In his experience only forty persons recovered in the history of 800 cases. Practical physicians realize that the prognosis in nearly all diseases is very largely influenced by the fact of having used spirits, particularly in Bright's disease, tuberculosis and other acute affections. Life insurance examiners find in the mortality lists, that the names of the diseases are often only the conditions which preceded death while the real causes, alcohol and drugs, are not mentioned.

The modern surgeon always inquires concerning the habits of the patient relating to the use of alcohol, before the operation, and his prognosis is based on this history. The physicians in the medical wards of hospitals give a very guarded prognosis in all patients with an alcoholic history.

Alcohol is like syphilis, only more acute and is a degenerative agent that must be considered in the prognosis of all patients. Here it is not a question of opinion or personal prejudices; it is one of facts and recognition of the actual conditions present. Going back a little farther, the inherited defect noted in imperfect development, diseased tendencies, psychopathic weaknesses, feeble pain centers, and other conditions are all traceable to the alcholic degenerations of parents, and these must be considered in the treatment.

Another view is still more startling. When a large number of inebriates and persons who have used spirits to excess are examined and their present condition and hereditary history are carefully gathered and compared, a remarkable uniformity appears. Thus in a certain number of cases a very large percentage have inebriate, insane and neurotic ancestors with marked constitutional defects of the brain and nervous system, also of nutrition and growth, which later develop into the drink and drug craze. In others the use of alcohol dates from injury, disease, shock and definite physical conditions. Others have a history of starvation and nutrient excesses in early or later life. A certain number appear in persons from overwrk, exhaustion-mental strain and neglect of normal living. The list of causes appear with such distinctness and uniformity that there can be no other conclusions than that of disease. If the examination is confined to the present conditions the same uniformity of symptoms appear.

Thus sensory integrity and nutritional balance and also the power of control is most seriously interfered with. In brief, every case is marked by distinct physical causes, of which sclerosis, congestion, palsies, and degenerations, both local tand general, are common.

These facts are a pparent from careful observation, but the physician often fails to recognize them. He believes in moral causes when called to treat such persons, and always fails. When he is sent for at, night by families of trusted patrons, a half conscious regret and sense of impotency comes over him, that he does not understand the conditions, and the possible means of relief. If he was familiar with this malady he could use means and remedies with the same exactness as in other diseases, and the quacks and the gold cures would have no business.

The success of irregulars who by extravagant claims take advantage of the credulity of the public is evidence that the physician has failed to give the required help. All the means and measures used by the quacks are well known to the profession, and if given with scientific precision by trained men the results would be far greater than any claimed. These pretenders only use certain concealed drugs invested in mysticism, while the scientific physician uses various remedies and other exact means particularly adapted to each individual case. In reality the success for the specific gold cures is a most startling reflection on the neglect and failure of the medical man to occupy this field of practice. Where the physician endorses these schemes and patronizes them with a real or half faith, he advertises his failure as a scientific man. One of the specific empirics claims to have treated a half million persons for spirit and drug taking in ten years. Others claim equally large numbers. The exact number is of little moment, but the saddest fact is, that charlatans with pretention and mystery should reap so rich a harvest in the fields of practice neglected by the medical men.

There is another view with a pathetic coloring, which brings out the fact of disease and its mystery. This is seen in physicians who with all their training and knowledge of

physiological and psychological laws and its application in practical life should fall a victim to this disease, without realizing their condition. Of course there is profound ignorance at the start with a great variety of favoring conditions, diseased impulses, and lessening of the power of resistance. Medical colleges are often responsible for this, and the elaborate teaching and studies of drugs and narcotics often contain little or no warning of their possible danger, except in the most informal and uncertain way. The result is that the graduate is forced to learn by experience what he should have been taught in the class room. When appealed to in private practice to help these poor victims, he can do little more than the clergyman, and it is this failure of both the recent graduate as well as the older physician to give substantial aid and treatment, that drives the poor victim into the merciless clutches of the quack. Moral counsel and placeboes to a starved poisoned inebriate practically drives him into more incurable conditions.

The physical state of inebriety and the facts relating and controlling it are clear and unmistakable, and indicate not only the possibility, but the certainty of the therapeutic power of means and measures for its successful cure and prevention. There is already the strongest evidence of the curability of quite a large percentage of these spirit and drug neurotics, particularly when treated in the early stages. Like every other disease it has both a preventable and curable stage, especially when seen by the family physician and where the causes are recognized, and scientific means are used.

The alcoholic problem is a question of prevention as well as cure and can be done at home under the care and direction of the family physician. While the physiologist, laboratory men and moderate drinking critics are greatly concerned as to the exact action of alcohol on the cell and tissue, the fact of the steady growth and development of an army of alcoholic degeneration is lost sight of. All authorities admit that the action of alcohol is anesthetic and narcotic, and that its use creates a morbid impulse for more. Its special corroding effects on cell and tissue are recognized, but where and when it becomes anesthetic in its action are questions unsettled. How far can alcohol be used as a stimulant or as a tonic; and when are these supposed actions changed, are very small questions compared with the constantly increasing armies of poisoned and starved victims in every community. It is no wonder that the question of relief should be intensely agitated in societies, homes, churches, and be a subject of discussion in all circles. Without accurate knowledge of the exact causes and conditions all efforts of laymen, and others must necessarily be uncertain and fail to reach and overcome this malady.

There is a practical side of the problem which we must recognize. At present the medical man who would be indifferent to the presence of contagious diseases and refuse to give his aid and assistance in their cure and prevention, would most naturally be condemned. In much the same way the physician who neglects to study this problem and the causes and conditions which govern its growth and development, in every circle of life, is as positively reprehensible.

First, because he is a physician and these are questions of disease and degeneration concerning the operation of physical laws and physical forces with which he is constantly dealing. Second, because he is trained to observe physical facts and study their meanings. He is able to point out the growth, development, direction physiological forces and environmental conditions which influence human life; lastly, because he is a citizen and an educated man, and is concerned and deeply interested with every phenomena which relates to the welfare of the race. The medical man is best fitted and trained to understand the alcoholic problem from an exact and scientific point of view. He is practically a student of physiology, psychology and sociology, and is constantly judging and noting the various influences that enter into the evolution and dissolution of humanity. Therefore the alcoholic problem is a province in which it is his duty to study, teach and direct how it can be overcome, and not to stand off coldly indifferent to the tremendous efforts by laymen and others to understand and remedy this malady. It is his duty not to condemn the efforts of others, but rather to direct them into exact lines. He should be a temperance man in the broadest sense of this word, and his personal life and example should confirm and strengthen his teachings. The physician who uses alcohol to excess is not only a diseased man, but deplorably ignorant of the whole subject, and his conduct proclaims his incapacity and to understand or control himself.

The physician who defends the moderate use of spirits as a beverage and puts in practice his theory has lost his way as a medical man, and is sadly belated in the march of science.

Every year the magnitude of the injuries and losses which come directly from the use of spirits, brings a greater responsibility to the physician and more imperative reason for

his counsel in the efforts to neutralize and prevent these injuries.

The late Anti-Alcoholic Congress held in Stockholm, Sweden, last August brought out this fact very clearly. Fifteen hundred delegates from all over the world gathered and for five days discussed the different phases of the alcoholic problem. Less than 100 physicians were present, and only about thirty took an active part. The Congress as a whole was a great protest against medical indifference and failure to take up this problem and teach the facts. Laymen, clergymen, philanthropists and others presented startling arrays of facts and conclusions with the same appealing inquiry to physicians, of what can be done and what means can be used for the cure and prevention? How can this evil be stamped out? A number of physicians, including some of the great medical teachers of Europe, read papers pointing out lines and giving indications for more practical and exhaustive studies. These papers were not theoretical, but scientific deductions and conclusions from the facts at present considered reliable. The anesthetic action of alcohol and its active and most intimate cause of disease was reaffirmed, and the necessity urged for more exact studies which would indicate the means of prevention and cure was made very prominent.

This Congress will meet again in London in 1909, when the facts concerning physicians and their relations to this great problem will come into greater prominence. The medical profession particularlly in this country, are brought face to face with a problem which they must solve. Public opinion demands in no uncertain terms that the questions of alcohol and its influence be settled by the physician. Temperance crusades and great revival efforts with their profound psychical influence turn to the medical man for help and counsel. Every effort by laymen with moral and legal means to understand and break up this malady is a reflection and distinct intimation of the failure of medical men to understand this subject. If the physician would study the alcoholic problem from the scientific side, the quack and the gold curers would disappear and the great temperance agitations would take on a practical scientific aspect under the direction of physicians and the great problem would be made clear.

The present attitude of indifference and silent opposition to the enthusiastic struggles of those who are trying to educate public sentiment and neutralize and overcome the losses from this source, by the profession is most irrational, unscientific and unaccountable. The physician should be the practical and logical authority as to the means and remedies which follow from the use of alcohol in every community and his failure to do this is unconsciously to forfeit his respect as a scientific man.

The problem is a living vital one, not of ethics or morals, but of disease and death, and the facts are available, and why they have not been recognized before is a matter of profound astonishment. If the medical profession would take up this alcoholic problem and study the facts in their true light there would be no disputed questions of license, prohibition, control and punishment of the victims.

The American Society for the Study of Alcohol and other Narcotics has this as its one purpose and object to take the whole subject out of the hands of laymen and irregulars and bring it into the realm of science. This is the imperative need of the hour, and this is the new land for medical study at our very door white for the harvest with possibilities beyond any scientific conception of the present.

The following conclusions should be recognized by every medical man:

First.—Every advance in the scientific study of disease brings into increasing prominence the physical laws and causes of the alcoholic problem, showing that the facts and conditions of this disease can be traced and verified in every community and society.

Second.—The alcoholic problem as understood at present is based on theories which utterly fail to explain the phenomena and conditions which follow. Efforts to apply these theories in practical treatment increase the degenerations which they seek to prevent.

This is strikingly confirmed in the legal measures to prevent and cure this malady.

Third.—The medical profession is particularly fitted by education and study to understand the physical laws and causes relating to the alcoholic problem and the phenomena which follows, and should be the leaders and teachers in all efforts for its cure and prevention.

Fourth.—The failure of the medical profession to take up this subject has opened the door of quacks and empirics, claiming the most marvelous discoveries and results in cures, and also great crusade temperance movements conducted by men without knowledge and by victims themselves who try to teach the public the means for cure and prevention.

Fifth.—It is this remarkable indifference of medical men that has permitted public sentiment to indorse and sustain a great variety of measures for cure based on wrong theo

ries which will disappear when the subject is studied from a medical standpoint.

Lastly, this is the great new land of medicine awaiting development and discovery; a land where the facts when known will indicate the means for cure and prevention, which when applied will both literally and practically stamp out this great scourge of modern civilization.

SURGICAL TREATMENT OF DETACHED RETINA.*

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FOUR years ago I reported at the Wichita meeting of the Kansas State Medical Society, a case that had been operated upon for detachment of the retina, with the result of restoring sight. This case has remained cured, the sight continuing good to the present time, and must be regarded as a permanent cure.

This year I have done the operation six times on two cases. These cases were of more than ordinary interest on account of the number of operations made on two eyes before reattachment was secured. The conclusions reached were that we should not be discouraged by a failure from a single operation, but should make a number of them, should a failure or partial success be the result of the first. Again, the site of the operation is so far removed from the important eye centers, that is, the ciliary region, that the danger is reduced to the minimum. With ordinary care, the danger is not nearly so great as would attend an operation for cataract, or even an iridectomy.

The results of the treatment of detachment of the retina have been most discouraging, the cures, if any, have been spontaneous and not the result of any form of treatment.

A careful research of the literature on this subject fails to describe the operation as made on these cases, the report of which follows in this article.

I do not claim priority for this operation. It has been copied from the operation made by Mr. Lang of the Royal Ophthalmic Hospital, England. The results have been so encouraging that the method should become more widely known to the ophthalmologists of this country.

Mr. Lang had operated on two cases, the operations being in the nature of an experiment, while at the same time not subjecting the patient to any risk as they were practically blind, and no other plan of treatment offered any chance of success.

The result of the operation on the above two cases I do not know, on account of the short time I had of observing them.

The class of cases operated upon must be selected. No good results would be expected from a detachment cause from a tumor, be it benign or malignant. The operation could only be successful where the detachment was caused by the presence of serum between the retina and choroid, and before the retina had lost its function. Just how long the retina will retain its function after detachment, is not known, but in one of my cases the operation was made four years after the diagnosis of detached retina, with considerable improvement in sight. This leads us to recommend operative treatment of detachments of long standing, if there is fair light perception.

The causes of detachment are, as a rule, obscure. Aside from those caused from traumatism and tumors of different kinds, as a general rule no cause can be found, and whatever theory is advanced remains only a theory, and the pathologist has still to find the real cause. When this is found, we may determine the proper medicinal treatment. We do know that it is more common in males than females. It is more frequent in myopic eyes, owing to the stretching of the choroid and sclera. Some authors state that more than 50 per cent of the cases occur in myopes.

It may be found in cases of general debility, when the entire system is weakened from whatever cause.

Various methods of treatment, both medical and surgical, have been tried, but the results have been disappointing. Most cases have been treated by the use of diaphoretics, chiefly pilocarpine, administered hypodermically, together with bandaging the eyes, and the recumbent posture. Setons, blisters and leeches have been used with little or no success. As far back as 1859 Sichel introduced the plan of tapping the subretinal fluid by a puncture of the sclerotic and choroid.

In 1863 von Graefe recommended discession of the retina; in three years had employed it fifty times, but had no lasting benefit in a single case.

De Wecher, in 1877, tried to keep up a continuous drainage of the subretinal fluid by passing a fine gold wire through the sack and leaving it in position, thinking the retina would become reattached, but in place of good results, he found that this treatment sometimes caused sympathetic disease in the other eye.

*Read before the Mississippi Valley Medical Association at Columbus, O., October 10, 1907.

In 1890, Galezonski recommended the plan of entering a catgut beneath the retina and stitching the retina to the choroid. This plan was a failure. The same author tried aspiration with a syringe, but the plan was a failure. He also tried an iridectomy without success.

In 1895 Deutchman proposed the operation of cutting with a double edged knife, the sclera, choroid and retina, into the vitreous space, pushing it to the opposite side of the eyeball, cutting to both sides. His aim was to divide any adhesions or bonds that might be formed in the vitreous body. No statistics are given of the result of this treatment.

Fox, in his work on the eye, reports no cures by any method of treatment. Norris and Oliver report 789 cases, with no cures by surgical treatment, and only two cases regaining function by medical treatment.

Noyes, Juler and de Schweinitz report no cases cured from operation, neither does Mittendorf.

Roosa reports improvement in some cases, but recommends operative treatment only after other treatments have failed.

Nettleship does not report cases cured by operation, but recommends it in recent cases.

Ball reports cases cured by Sterkle of Basel, by means of injections of salt solution, the strength being 2 to 10 per cent. He treated twenty-three cases, having improvement in twenty cases and complete reattachment in three.

Dor of Lyons, claims fourteen complete recoveries in twenty-one cases, using a 20 per cent salt solution. The author does not state whether the injections were made in the vitreous or not.

The operations that I have made were for the purpose of creating a ragged wound in the retina to produce inflammation, with exudation enough to unite the retina to the choroid. Following the operation, the eyes are bandaged and the patient is to lie quietly in the recumbent position for about one week.

The different steps in the operation are, a triangular flap is made in the conjunctiva at a point between the attachment of the recti muscles. After the hemorrhage has ceased, and the clear sclera is seen, a von Graefe cataract knife is pushed through the sclera, choroid and retina well into the posterior chamber, then, by turning the knife slightly, the serum is allowed to escape. When the serum is drained, by the point of puncture as the fulcrum, the retina is further incised. Turning the knife as near to the right angle as possible, the retina is again incised. In this way considerable inflammation follows. This is exactly what is desired, and has been followed in all my cases by a reattachment at the point operated upon, but not of the entire retina. That part at some distance from the operation has failed to unite when the separation has involved more than half the retina. A second operation is made after the eye has become quiet and the tension normal. In some cases a third operation has been made before complete union has been established. In no case has there been any dangerous inflammation.

It would seem from the foregoing operations, that the ophthalmic surgeon would be justified in reoperating until the reattachment was complete.

The first case I operated on was reported five years ago. This man was 25 years old, and had recently recovered from an attack of mountain fever, was convalescing slowly, when, without any symptoms referable to the eye, found he was blind in the right eye, vision being reduced to 1-200. Ophthalmoscopic examination showed a detachment at the lower third of the retina. The operation was made two weeks after the detachment occurred. His vision three months later was 20-30 and has remained good since that time.

Another patient, Mr. H., age 42 years, occupation coal dealer, had been blind in the right eye for about six years. Had a divergent squint in this eye, pupil normal. Had some kind of an operation made on this eye in Omaha. What was done the patient does not know. The ophthalmoscope showed a detachment of the lower half of the retina. Could see a light when held directly in front of the pupil, but not when held above the pupil. About six weeks previous to his consulting me, the patient began to see black spots in front of the left eye. Sight in this eye remained good till several days before he came to me. Could see as well as usual one day, and the next day, was unable to recognize his friends, or attend to his business. Ophthalmoscopic examination showed a detachment of two-thirds of the retina mostly on the temporal side. Patient was unable to see the flame of a candle when held on the nasal side of the eye, and could count fingers at two feet. Tension normal.

January 30, 1907, the first operation was made on this eye, and one month later he could count fingers at fifteen feet. The retina was attached at the point operated on, but some detachment remained at a lower level. Another operation was made February 16th. This was followed by an increase of vision to 20-200. On May 11th there still remained a small detachment at the lower part of the retina, and the third operation was made. On July 8th the examination

showed a perfect reattachment of the entire retina, the vision being 20-100. At this time an operation was made on the right eye, followed by improvement in vision from reception of light only, to the counting of fingers at six feet. September 27th, examination showed retinal blood vessels small, blood supply deficient and one third of the retina detached at the lower part. A second operation was made on this date, and on October 1st the sight had doubled.

The third case, Mr. F., age 53 years, occupation real estate agent, suddenly noticed that he could not see with the right eye. Thinks the trouble came on in the night. Had a detachment of the upper third of the retina. There was no exciting cause found in the history. The man was in good general health and had fair light reception at the lower and inner portion of the eye. First operation was made on May 15, 1907. On the 23d the vision was 20-100. Some detachment remained on the 28th, when a second operation was performed. I did not see the case again until July 3d, when the third operation was made on a small patch of detachment at the lower part. Examination with the ophthalmoscope on September 17th showed the blood vessels of the retina atrophied. The retina was attached, with a small opaque patch at the lower part, the optic disc normal, vitreous clear, but the vision was reduced to fair light perception.

I am unable to form an opinion as to the cause of the poor vision. My experience has been most encouraging, having succeeded in restoring sight in three out of four cases operated on. The operation as made, promises good results, especially if made early, while the retina retains its function.

A Public School for Deaf Children, the first of its kind in New York City, has been established by its Board of Education. Two hundred children can be accommodated in the building assigned to this purpose. The committee which has considered the matter advises that lip reading and oral speech should be taught exclusively; it has been found that pupils in classes taught exclusively by the lip method make better progress have better trained minds and have greater confidence in themselves than those taught in whole or in part by the manual method. Individual attention is absolutely essential in the training of the deaf. It is therefore advised that the classes should not consist of more than ten children, and further that industrial work should have a prominent part in the course of instruction.

ETHMOIDAL SINUS AFFECTIONS.*

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Accuracy in diagnosis and the successful treatment of ethmoidal sinus affections, have been, until recent years, matters of much uncertainty on the part of the rhinologist.

It was not until after the exhaustive anatomical research work done by Zuckerkandl and others that a proper understanding of diseased conditions of the accessory sinuses of the nose was gained and appropriate measures for relief adopted. It need only be mentioned, then, that a most thorough and comprehensive knowledge of the anatomy of the ethmoidal sinus and of its important relations to surrounding parts is the foundation upon which rests the ability to make an accurate diagnosis as well as the successful administration of remedial measures.

The ethmoidal sinus is composed of an inconstant number of cells with almost innumerable variations as to size, shape and contour, not only in different individuals, but in the two sides of the same nose. According to locality and drainage these cells are divided into two groups. Those located anteriorly and draining into the middle meatus, are called the anterior ethmoidal cells, while those situated posteriorly and draining into the superior meatus, are called the posterior ethmoidal cells. The anterior ethmoidal cells are in proximity to the frontal sinus, the naso-frontal duct and the hiatus semi-lunarius; while the posterior ethmoidal cells are closely related to the sphenoidal sinus and the antrum of Highmore. Transversely, the ethmoidal cells lie between the external wall of the nose and the os planum, or orbital plate of the ethmoid. The thickness anteriorly is only about three-eighths of an inch while posteriorly it is about five-eighths of an inch, and about the same distance from above downward. A thin plate of ethmoid bone separates these cells from the anterior lobe of the brain.

In viewing a cross section of the skull, it will be seen that two very important cavities are closely related; the brain cavity above and the orbital cavity to the outer side.

On account of the frequent necessity for operations upon the ethmoidal cells, and the danger of doing harm to the eye and brain, it is important to have in mind definite land marks from which the operator may work

*Read before the Medical Association of the Southwest at Hot Springs, Ark., October 9, 1907.

without inourring unnecessary danger to the patient. If the anterior end of the middle turbinate is removed or shoved inward from its usual position the large space known as the middle meatus will come into view. On the outer wall of this meatus, extending downward and backward, there is rather a deep sulcus called the hiatus semilunarius. This sulcus is bounded anteriorly by a bony prominence which is known as the processus uncinatus; behind, by a larger and more or less globular shaded ebony wall known as the bulla ethmoidalis. These structures are always present on the external wall, and are only a short distance from the inner wall of the orbit. They are safe landmarks from which the operator may work without danger if the proper course be maintained throughout the operation.

The bulbous prominence lying immediately beyond the hiatus semilunarius is the largest of the anterior ethmoidal cells. By removing a small portion of the lower wall of this and adjoining cells, sufficient drainage may often be secured without sacrificing any portion of the middle turbinate; but if the anterior cells are extensively diseased, the anterior portion of the middle turbinate must be removed. In order to make a thorough and complete removal of the posterior cells it is necessary to take away the anterior end of the middle turbinate, then its base until the superior turbinate is reached, which, in reality, is composed of posterior ethmoidal cells.

In doing operative work on the ethmoidal cells one should keep steadily in view two planes: one a perpendicular which should be a safe distance from the orbit; the other a horizontal which should be a safe distance from the brain. Any of the tissues then falling within the angle formed by these two planes can be removed until the sphenoid bone is reached posteriorly.

Surgical intervention of the ethmoidal sinus is usually made necessary by either an open or closed empyema of one or more of the cells. By an open empyema is meant a diseased cell or group of cells from which there is little or no obstruction to drainage, while in a closed empyema the discharge is retained within the diseased area. An open empyema may at any time become closed, and this is especially true after an attack of influenza.

A locomotive fireman, aged 30, had always been in good health with the exception of a discharge from the left nasal caivity which had been present for several months. During the early part of February, 1905, he suffered from an attack of influenza when he began to have pain about the left eye and temple and feel pressure over the bridge of the nose. This condition grew rapidly worse, and when he presented himself for treatment he was suffering most agonizing pain. The tissues about the supraorbital region were very much inflamed, swollen and red; the upper eye lid was also quite red and puffy. Exophthalmos was well marked. Inspection of the left nasal cavity showed the anterior portion of the middle turbinate so much inflamed and swollen that the enlarged bulla was almost hidden from view. The parts were cocainized and the anterior portion of the middle turbinate removed which was found diseased. There was a free flow of thick creamy pus. With cutting forceps and curette the anterior ehtmoidal cells were removed which were also diseased and filled with pus. The field of operation was freely cleansed and the frontal sinus irrigated through the normal opening. The parts were left unpacked to allow free drainage. When he returned twenty-four hours later all pain had ceased and the swelling about the eye was subsiding. Expothalmos had nearly disappeared. Daily irrigations were continued for about ten days, when all symptoms had disappeared with the exception of a slight discharge which soon abated mostly under home treatment.

The diagnosis of an open empyema is made by the location of the discharging pus. If pus is found discharging into the middle meatus it is safe to conclude that it is coming from either the antrum or Highmore, the frontal sinus, or the anterior ethmoidal cells. Should the opening from the frontal sinus and that from the maxillary be securely plugged and pus continue to flow into the hiatus semilunarius, it is reasonably certain that there is an involvement of the anterior ethmoidal cells. If, on the other hand, it is discovered that the pus is flowing down over the inner or septal side of the middle turbinate it must be coming from the superior meatus into which the posterior ethmoidal cells and the sphenoidal sinus have their drainage. A careful examination of the nasopharnyx should next be made by means of the rhinoscopic mirror, and if pus is seen flowing from the ethmoidal sulci, it may be concluded that it is an open empyema of the posterior ethmoidal cells that demands attention.

In closed empyema of the ethmoidal cells, pain instead of pus, is the predominating symptom. Severe and prolonged frontal or occiptal headache, facial neuralgia, pressure over the bridge of the nose, cerebral disturbances, lack of mental concentration, nervousness with a tendency to neurasthenia,

are symptoms common to involvement of either the anterior or posterior ethmoidal cells.

A retention of pus within the diseased cells causes them to become enlarged and they force the middle turbinate inward toward the nasal septum. When the anterior cells are involved they may be found bulging downward and inward, as this is the direction of least resistance.

A closed empyema of the posterior ethmoidal cells is more likely to perforate the orbit than a similar involvement of the anterior cells; while a perforation of the brain is more apt to be the result of a closed empyema of the anterior cells. Occasionally, a closed empyema of the anterior cells does not find exit either into the brain or nose, but forms an enlargement along the inner orbital wall above the inner canthus, which may be mistaken for an exostosis.

A closed empyema frequently occcurs in the accessory cells of the middle turbinate, when the tendency is then to remain circumscribed. This condition is not usually discovered unless the end of the turbinate is large enough to necessitate removal.

The following case report well illustrates this condition:

A station agent, age 35, came under treatment September 28th, 1905. He had been suffering for about four years from headache, pain about the left eye and left frontal region, and had a feeling of pressure over the bridge of the nose. He was at that time suffering from insomnia and had become very nervous. His power of mental concentration had become so shattered that he was in fear of having to give up his position. He had consulted a number of physicians, but all had assured him that no nasal trouble existed. After cocainizing the left nasal cavity, the bulla ethmoidalis was found to be slightly enlarged, pressing the anterior end of the middle turbinate against the nasal septum, which was somewhat deviated to the left. With an applicator the anterior end of the middle turbinate was pressed away from the septum, when a large, oval, bony outgrowth, pressing firmly against the septum, came into view. The anterior portion of this turbinate was removed, which was found to be healthy; then, with cutting forceps, a further portion of it was removed, until the oval enlargement was reached, which was found to be an enlarged accessory cell filled with pus. The bulla was then inspected, in which was found a small polypus and some pus Both cavities were gently curetted, irrigated and packed with sterile gauze, which was allowed to remain twenty-four hours. The further treatment consisted of daily irrigations,. It was interesting to note the immediate cessation of all his former suffering and discomfort. In a letter received from him some months later, he expressed his appreciation of the continued relief.

On account of the closely related positions of the bordering ethmoidal cells to the frontal, maxillary and sphenoidal sinuses, a chronic suppuration within the cells of the former is nearly always followed by a similar affection of one or more of the latter neighboring cavities.

In the great majority of cases, the ethmoid cells become diseased first and from these the other sinuses become infected.

An infection of the sphenoidal sinus is almost invariably the result of an empyema of the posterior ethmoidal cells.

In a closed empyema of the posterior ethmoidal cells where there is no flow of pus to attract attention, the diseased cells being inaccessible of direct rhinoscopic exploration and the symptoms also being so varied and obscure as to give no definite indication of the true nature and location of the diseased condition, the diagnosis is rendered most difficult.

The following case is of unusual interest from a diagnostic point of view:

A lady, aged 47, had always been in good health up to August, 1904, when she received a septic infection of the left eye, which was of marked severity, running a protracted course and resulting in an iritis followed by adhesions. After recovering from same, which had continued for about two months, she remained in ordinary health until August, 1906, when she commenced to lose flesh and decline in health. About November, she began to suffer from periodical headaches, pain about the eyes and pressure over the bridge of the nose, all of which continued to grow worse. In December she consulted an oculist who attempted to give relief from properly fitted glasses, but without results. The pain and other symptoms became constant and so intense that large doses of opiates were required to give rest. The suffering was now confined to the left side of the face and head, the pain radiating from the left orbital region. Brain trouble was suspected, as there was some mental disturbance, and a specialist on mental diseases was called, but no relief was obtained. Two or three internists were then called in rotation, but no correct diagnosis was made. On December 22d, she returned to her oculist, and this time a diagnosis of glaucoma was made, but she continued to grow rapidly worse. She next came under my care on

January 1st, 1907, when she was very much emaciated and exhausted and presented a general septic condition. For several days she had been having nausea, occasional vomiting, slight rigors, fever, and some disturbance of vision in left eye. Anterior rhinoscopic examination revealed nothing positive, but a careful examination of the nasopharnyx with the rhinoscopic mirror brought into view a small mass of granulation tissue in the region of the ethmoidal sulci. Under cocaine anesthesia the posterior portion of the middle turbinate was removed when a large quantity of thick creamy pus was evacuated. With cutting forceps, the posterior ethmoidal cells were freely opened and all necrotic tissue was removed, as far as possible. The sphenoidal sinus was involved, also, but the condition of the patient at that time would not admit any further operative measures. The parts were left unpacked to allow free drainage. The after treatment consisted of irrigations with a solution of boric acid. The normal opening into the sphenoidal sinus was found to be sufficiently large to allow free irrigation and drainage of this cavity, so no further operation was required. It was gratifying to note the immediate relief from all pain following the operation. Her former health was soon regained and the discharge from both cavities had entirely ceased by the end of six weeks, and there has been no return of the trouble.

The necessity for preforming other than an intra-nasal operation for diseases of the ethmoidal sinus is extremely rare. In neglected cases of tertiary syphilis, involving the anterior ethmoidal cells, where necrosis is extensive, external operative measures may be required. Diseased anterior cells may so obstruct drainage through the naso-frontal duct as to cause frontal sinus disease, for the relief of which external operation might be required; but this would be for the relief of a complication.

Pus, enclosed in the ethmoidal cells may extend to a locality where severe ocular symptoms, such as tenderness, pain, swollen and reddened condition of the upper lid, and marked exophthalmos may be produced; but unless it can be definitely determined that pus has already made its entrance into the orbital cavity, an intra-nasal operation should be selected.

The thoroughness with which the after-treatment of ethmoidal operations is carried into effect is of much importance. The patient should remain indoors for the following twenty-four hours and in bed, if the opertaion has been extensive. The mere spraying or douching of the nasal cavity with any cleansing agent that might be selected is good home treatment, but not that which should be relied upon by the surgeon. After forty-eight hours and every day thereafter as long as conditions indicate the necessity, the operative field should be inspected and dressed. The main purpose of the operation is two-fold: First, to remove all necrotic tissue; second, to open all diseased cells in order to permit free drainage. If the discharge should continue to be profuse. It would indicate that the entire diseased area had not been reached, then the source should again be observed and the first attempt supplemented by further surgical intervention.

The operation having been completed in a manner as radical as the demands, then, with that scrupulous attention to the after-treatment that is commensurate with the thoroughness of the operation, there is little to anticipate other than a successful and satisfactory termination of all unpleasant symptoms and the welcome plaudits of a grateful patient.

310 Rialto Building.

A PLEA FOR GREATER ACCURACY IN OUR THERAPEUTICS.*

J. ROBERT BUCHANAN, M. D.

NEVADA, MO.

In every department of the profession of medicine, the last quarter of a century has witnessed the most rapid strides and the most gigantic developments ever known. It is a matter of gratulation to the members of this grand profession to know that however great have been the developments in the sciences, the arts and mechanics, that the medical profession has kept step with them all, and today stands in the van of all progress.

Surgery in all her departments has achieved wonderful results. Obstetrics has advanced near to perfection. Biology has become the wonder of the age. Physiology has revealed to us the most intricate functions of the body. Chemistry, analytic and synthetic, has opened up to our vision the grandest secrets of nature. Pharmacy has joined hands with chemistry and materia medica and has erected manufactories for the preparation of the most scientific combinations of drugs, and on a scale undreamed of thirty years ago. Pathology, histology and bacteriology have laboriously delved among the diseased tissues of the body with scalpel and microscope, with test tube

*Read before the Medical Association of the Southwest, held at Hot Springs, Ark., October 8-10, 1907.

and reagent, until they have revealed to our astonished minds truths and conditions which had they been suggested a half century ago would have branded their advocate as a dreamer of the ultra utopian school. The laboratory has come to stay. Hospitals and dispensaries have been put under tribute, and it would seem to the observer that nothing has been left undone to equip in the most perfect manner the modern doctor for a scientific discharge of his professional obligations.

Query: In view of all the advancement, development and perfection of means to an

DR. J. ROB'T BUCHANAN.

end, mentioned above, is there any one department of this great structure that has in any way been overlooked?

What can we say of therapeutics—the application of remedies for the relief of suffering? Never in the history of medicine has there been such a multiplication of remedies as within the last few years. It is the consensus of opinion of 90 per cent of physicians who have practiced medicine for twenty-five or more years that the great majority of diseases can be successfully treated with a very limited number of remedies. If this be true, then what is the logical deduction to be drawn from the existence of the ten thousand and one remedies listed and described in our dispensatories. In many instances the same remedy is recommended for widely varying pathological conditions. In other instances innumerable remedies are recommended for the same pathological condition. It is not uncommon to find that in a given disease characterized by fixed pathological conditions we will observe that different authors or teachers in therapeutics will endorse or recommend the administration of drugs that are at absolute variance with each other from their physiologic or therapeutic effect. There seems to be but little, if any unanimity of sentiment on the question of drug effect. This difference of opinion is not characteristic of the different schools only, but exists to an alarming extent among physicians of the same school.

This to my mind presents the most regrettable phase of a divided profession. It is the "bete noir" of modern medicine. It constitutes the basis of the greatest source of distrust of the profession by the laity. How often have each of you observed this fact, that in a given case of surgery the only source of a difference of opinion between two or more surgeons is in arriving at a diagnosis of their case? After that, usually all is fair sailing. No controversy over the method of operating, or over the technique to be adopted, there is a uniformity of opinion based upon definite teaching. Not so with the internist. Call two or more physicians to treat a case of pneumonia or typhoid fever, they may perfectly agree upon the diagnosis and the prognosis, but the chances are that if they do not disagree openly as to treatment they will at least have to each compromise to some degree in order to reach a middle ground upon which to base their treatment. It is not necessary that these physicians should represent different schools, as regular and eclectic, nor that they should be graduates of different colleges of the same school, as the College of Physicians and Surgeons, and the medical department of —— university, but they may be and often are, graduates of the same college, taught by the same professors, and are men of equal ability as observers and practitioners. Then why this difference of opinion? Why should Dr. A. recommend aconite, and Dr. B. reject it as in a like case? Why should Dr. A. prefer the specific tincture of digitalis and Dr. B. use only the fluid extract? Why should Dr Jones say that calomel is only efficient in grain doses or more, while Dr. Smith never administers more than 1-10 gr. at a dose.

In other words, why should there not be a definite treatment for each special pathological condition, when that condition affects a certain organ or system of organs? Why should not catarrhal or labor pneumonia, from a pathological viewpoint, be treated by the administration of the same remedies by

Dr. Jonas that are used by Dr. Smith? Why should typhoid fever, a disease now known to be the result of bacterial invasion, be treated by different methods and with such conflicting and opposing remedies by men of apparently equal ability and intelligence?

Why does Dr. C. assert positively that typhoid fever is a self-limited disease, and that treatment can and does have no effect in arresting or abridging its course, while Dr. D. asserts that he can and has arrested, and even aborted the disease.

Why these conflicting opinions and opposing theories? In reply I will say that there are many reasons for this divided and uncertain condition that exists. Our profession is a developmental profession. It is not a science, neither in the true sense will it ever be. The elements entering into its makeup are necessarily such as will preclude absolute certainty on many points. It has to deal with a vital organism, that while in different individuals there exists a great similarity, there is also a great diversity, although built after the same model and endowed with the same vital element, with general characteristics similar, still there is sufficient dissimilarity or individuality to mark each case as a law unto itself. The element of personality will ever distinguish each individual from each other individual, and render an universal application of remedies an impossibility. Again, in the great struggle that has been going on in the profession to advance it to its present position we have in some way, to a degree, lost sight of the importance of practical therapeutics. We have not recognized the necessity of a closer study of therapeutic agents. We have been drifting in this branch of medicine. The preparation of our pharmaceutic agents has gradually dropped into the hands of commercialism.

The manufacturing pharmacist has to a great extent monopolized the field of pharmacology. He prepares our remedies for us; he makes the test of their strength; he indicates the dose, and often he suggests the character of the case in which the remedy is to be applied. One thing though he seldom if ever does, and that is to carefully test and properly label the amount or per cent of active element contained in his preparation. He leaves the doctor to determine that by experiment on his patient. Here is where the profession necessarily drifts to sea. The doctor has absolutely no other means of determining the strength of these preparations except a clinical test. As there is fixed no uniform strength of these various remedies, tinctures, fluid extracts, etc., and as each manufacturer has his own standard of strength, if perchance he has a standard at all, and as it is the exception when any two samples of the same remedy, even when produced by the same manufacturer, contains a like per cent of the alkaloid or active principle of the drug, then is it at all strange that physicians differ as to the advisability of using this or that drug in this or that form, or that they should become skeptical as to the use of drugs at all, and thus become therapeutic nihilists?

However great the debt of gratitude the physician owes the manufacturing pharmacist for the elegant and often efficient character of his preparations, still there is an obligation, imperative in its nature, resting upon the profession that they shall demand a uniformity of strength of the active elements contained in each sample of drug placed on the market by the manufacturer.

There should be a national law to this effect. The pure food and drug law should be so amended as to include this feature. In no other way is it possible to expect a uniformity of effect from the application of drugs, except they be of uniform strength.

As the therapeutic effect of a drug depends upon the amount of alkaloid or glucoside, or active principle contained in it, and as a great number, even the great majority of our vegetable remedies are compound in their character, containing two or more active principles, and as these active principles are generally at variance with each other in their physiologic or therapeutic effect, and as one often acts as a restraining or counteracting influence on the other; therefore it becomes the more important that there should be a complete analysis of each drug, and that that analysis should be placed upon the label of each bottle or package of drugs that is offered to the profession, thus enabling the physician to known definitely what he is prescribing, and what he is to expect from its action.

This demand is slowly but surely formulating itself in the mind of the profession. We are gradually growing toward this assertion of a demand for a full and complete and correct statement of the strength of the drugs offered us. When this demand becomes more universal and imperative then will come such a revolution in pharmaceutics and therapeutics as the average doctor has not dreamed of.

I see it coming and rejoice at its approach. It is not so far in the distance as many think, and when it arrives it will mark the most exact and satisfactory period in therapeutics that the profession has yet known.

When the pharmacist, by law is required to thus label each product he will then yield to the gradually growing demand that is springing up throughout the medical world to have

all the active principles separated from each other, and from all superfluous and extraneous matter, and presented to the physician in their purity and singleness, thus enabling him to prescribe just what he needs and wants without having its action hindered and clogged by the presence of those principles that are not wanted or needed. Then will be given to therapeutics such an impetus as will stimulate an exactitude in prescribing, and in result that will astonish both profession and laity. Thus do we hope for a realization of the title of this paper, "A Plea for Greater Accuracy in Our Therapeutics."

THE MISSOURI STATE SANATORIUM.

ORVILLE HARRY BROWN, M. D.

MOUNT VERNON, MO.

Physician-in-Chief to the Missouri State Sanatorium

THE Missouri State Sanatorium for Incipient Pulmonary Tuberculosis is located in Mount Vernon, twelve miles from Aurora and sixty miles from Springfield on a branch of the Frisco railroad extending from Greenfield to Aurora.

MOUNT VERNON.

The little village of Mount Vernon boasts of a population of 1500 people. It has very little to distinguish it from the ordinary country village, except that it is favored by nature, in regard to the beauty of its location. Situated as it is on the crest of the Ozarks, the topography of the earth's surface is rolling and there is an abundant growth of trees. The soil is sandy and contains much gravel, and hence the roads, where they are given some care, are fairly good for driving; but to the discredit of the people of the township of Mount Vernon, most of their roads are not only not good, but they are bad. The people of the village, the writer has a tendency to believe, are the equal if not just a trifle the superior of the people in most country villages. The 200-acre tract of land and the several thousand dollars which they donated to the State, are evidences of the business integrity of the citizens of Mount Vernon.

THE LOCATION.

The sanatorium is situated on a bluff (sometimes called a mountain, with an altitude of 1400 feet above sea level) which is separated by a beautiful little valley from the hill on whose sides and top reposes the peaceful little village of Mount Vernon.

A small babbling brook of clear sparkling spring water winds its way down the valley. The sanatorium hill was covered, before the buildings were begun, with a heavy growth of timber, and 'tis said, that it was so thick that a horse could scarcely be ridden through it. The clover which was sown last year grew this season to height of four and five feet. The trees have been thinned out a great deal, and the underbrush is cut down a couple of times each year.

THE ARCHITECT'S PLANS.

The plans of architect Hohenschild call for a beautiful group of twelve or fifteen buildings. There are to be eight villas, which will be for the use of patients. Four will be for women and four for men. The men's villas are to be located near the south edge of the bluff, and the ladies' villas will be situated farther north and separated from the former by the administration group of buildings. The villas are one story in height, so that a thorough system of ventilation can be installed, and so that patients will not need to climb stairs. On paper the arrangement of the buildings show up to good advantage, and the architecture seems to be all that could be desired. The plans are the result of a careful study of the sanatoria of the East and of Europe, and are believed to be a composite of the most desirable features of these sanatoria. In addition, it should be said, the architect has made use of some original ideas to good advantage. There follows a description of the villa already erected, of which the others are to be facsimiles.

THE GUPTON VILLA.

Picture twelve rooms all in a stretch from north to south. Bound these on the north by a hallway, and on the south by a wide vernada, which is well screened and lighted, and furnished with reclining and rocking chairs. Between the sixth and seventh room place a large reception room projecting southward in a semi-circle through and beyond the veranda. Have the ceiling high, the windows plentiful, and a big fire-place at one end. Furnish it with a piano, library table, chairs and lounges. Attach three separate apartments on the north side of the building so as not to interfere with the ventilation of the rooms, and in these place the bath and toilet rooms, the diet kitchen, the fumigating room and the nurses' room. As simple an image as these sentences build in your mind is the present villa. Red brick is the constructing material. There is practically no attempt at ornamentation except

Plans for the Administration Group.

The Lipton Villa

Progress of the work on the Eaton Villa (showing Virgin Forest).

the use of white mortar every sixth layer of bricks. The semicircular reception room extending fifteen to twenty feet farther south than the veranda with the six of a twelve sided figure showing, and the wide veranda with the brick posts and arches between, give decorative touches that add perceptibly to the pleasing appearance of the building. The roof is of slate, and the eaves project a sufficient distance from the sides to call attention to them. If you should come up the hill in the evening you would see the building, veranda and all, beautifully lighted with electricity, from the city power plant; this is a gift of the citizens of the village. Each room for patients is furnished with two single white enamel bedsteads, each with comfortable springs and mattress, a dresser, two chairs, a small writing desk, and two small rugs—one for the side of either bed.

THE VENTILATION PLAN.

Nothing is elaborate except the provisions for ventilation. These consist of a large window, and a large door opening onto the veranda and a large door opening into the hall, transoms above the doors, two windows opening above the veranda roof near the ceiling of the room, an open grate, an opening for hot air, and in every room there is a small window covered only with coarse screen and opening from the clothes closet to the exterior. The door of the closet has a large panel covered only with coarse screen. The door leading on to the veranda is cut in two in the middle, and the upper half opens independently of the lower half.

NUMBER OF PATIENTS TO BE ACCOMMODATED.

Each villa will have room for twenty-four patients. For the reason that some of the rooms of the villa already erected, must be used for the officers and employees of the sanatorium, only twelve or fifteen patients can be accommodated at present. This villa was opened August 1st, 1907, for the reception of patients. The second villa, to be known as the Eaton villa, is now in the course of erection, and is contracted to be completed by January 1st, 1908; this will furnish accommodation for twenty-four patients more. The contract is now let for the Medical wing of the administration group, and it is earnestly desired that this be completed at an early date in the spring of 1908. This building will contain some rooms in which the officers and employes will live. The vacating of the rooms now occupied by the officers and employes will make room for ten or twelve more patients. So by March 1st the institution will accommodate comfortably, forty-eight patients.

SOME FACTS ABOUT TUBERCULOSIS THAT THE PHYSICIANS SHOULD TEACH THE LAITY.

The law states that only incipient cases, i. e., cases in the early stages, are acceptable. The fact that the onset of this disease is so insidious—coming on often before the victim is scarcely aware of being sick—makes it a difficult one to recognize in the earliest stages—but it is particularly important that it be recognized early, as the chances for the cure of the disease are inversely proportional to its duration.

An advanced case of consumption may be greatly relieved, and frequently made much better by a proper course of treatment, and possibly an occasional cure may be effected; but all cases when recognized sufficiently early, by the proper regime, can—barring accidents—not only be completely arrested, but the normal health of the individul can be practically entirely restored. In view of this statement, which may seem to some a trifle dogmatic, but which can be entirely substantiated by proven facts, does it not impress the reader that the recognition of this disease in its incipiency is of the extremest importance? The physicians who are constantly at work with this disease experience no difficulty, in most instances, in recognizing its early symptoms and do not hesitate to make a diagnosis therefrom and to recommend to the patients the proper course to pursue in order to regain their health. But it is a lamentable fact that most of our physicians have too little experience with this disease to recognize it in its early stages.

Patients do not experience, as a rule, any serious inconvenience during the incipiency of the disease, and are prone to follow along in their usual mode of living, and hence do not seek adequate medical advice. They are ever hoping that they will gradually wear out the attack of protracted grip, the cold which they could not throw off, the relapse from the measles or the typhoid fever or the pneumonia, or one of the other conditions which so often "lights-up" tuberculosis.

It is impossible for every man to be sufficiently educated to be his own physician, but, it is not too much for every man to know the warning symptoms of the most dreaded disease of the age. Pneumonia is one of our three worst diseases, and one which comes on suddenly, producing profound prostration and severe pain; the victim immediately seeks the advice of a physician on account of the severity of the symptoms. Cancer, however, which is the second in the great trio of master diseases needs to be recognized early in order to be cured, but this article

Library, showing large open fire-place.

Veranda, showing method of inclosing.

deals with tuberculosis the third of the trio and the peer of them all.

There are a few definite symptoms which may point to tuberculosis as their cause; a typical group of these symptoms is sufficient on which to make a diagnosis. A little fever in the afternoon, concomitant with a slight flush of the cheek, with possibly a little dryness of the mouth and throat, an occasional chill, a slight cough, expectoration of greenish yellow material from the throat, hemorrhages from the lungs, loss of weight, loss of appetite, headache, a general feeling of fatigue, etc., are among the early symptoms of this disease. Any one of these symptoms may be produced by other conditions, possibly a group of two or three or more may be produced by other conditions; but it requires the careful examination of a thorough physician to know that the cause is not or is tuberculosis.

It should be generally known, that a hemorrhage from the lungs, or that blood streaked sputum from the throat is nearly always caused by tuberculosis; that the very excruciating pain exaggerated by respiration, known as pleurisy, in a great percentage of the cases, is the result of the tubercle bacilli. A continuous cough, either dry or with expectoration is very suggestive of tuberculosis.

A protracted cold or attack of the grip, a relapse after measles, a rapid failure of health after child-birth, typhoid fever, pneumonia, bronchitis or other conditions, should be sufficient to make the victim consult the family physician, and if he is in doubt as to the diagnosis, a physician who has had more than the ordinary amount of experience with this disease should be consulted.

When it becomes generally known that the above mentioned symptoms, most of which do not ordinarily cause much worry, are very apt to be indicative of consumption, more attention will be paid to them, and the advice of the physician will be sought early in order to know if any serious condition is the cause. It is the early cases, those who have only a few of these symptoms and who have not had them any great length of time that can be taken into the State Sanatorium. Needless to say, there have been many applicants for admission to the sanatorium, and as was to be expected, most of these were so far advanced that they were not acceptable. A campaign against the great white plague is being waged energetically, and in order for the State Sanatorium to do the most good, incipient cases of tuberculosis must present themselves to the physician, who after making his diagnosis will recommend the sanatorium to them.

SOME FACTS FOR HOUSEHOLDS WHERE THERE IS A CONSUMPTIVE.

A careful consumptive patient does not endanger the life of his associates; but a careless one may. Nearly every case of tuberculosis can be traced to association with a previous case, i.e., a history of direct contagion is obtainable in many instances.

On the other hand, in the hospitals where tubercular cases in all stages have been cared for during years, records of direct infection of nurses or physicians are conspicuous by their absence. All that is necessary to insure safety, is that the patient destroys every bit of his sputum, that he keeps his hands and lips absolutely free of sputum, and that he kisses no one on the mouth, or that he does not drink from the same glasses or eat with the same utensils as the rest of the family. A tubercular patient should always sleep alone. The rooms which he inhabits should be frequently mopped, and never swept. An occasional disinfection of them with formaldehyde should be performed. In other words, cleanliness if absolute is preventative.

SECTIONS OF THE STATUTES.

The following are the sections of the Senate Bill No. 373, which provides for the examining physicians to the sanatorium and for the classes of patients to be received:

Sec. 13. Examining physicians.—The board of managers shall have power and authority to create the office of and to appoint examining physicians for this institution, whose duty when so appointed shall be to examine all applications for admission, as is provided for in section 14 of this act, in such counties, cities, points or localities as may be determined, ordered and directed by the board of managers. Reports of such examinations shall be made upon the blanks provided by the superintendent. Each examining physician appointed under the provisions of this section shall keep a proper book for the registry of all examinations made by him, and after the same are duly registered he shall forward the original examination without delay to the superintendent of the sanatorium. No fee shall be charged or collected from an applicant furnishing the certificate entitling them to admission to the sanatorium as free patients as is provided in section 14 of this act, but all others applicants for examination shall be charged a fee of five dollars.

Sec. 14. Free patients.—The board of managers of said sanatorium are hereby given power and authority to receive into the institution patients who have no ability to pay, but no person shall be admitted who has not been a citizen of this State for at least one year preceding the date of application. Each person desiring free treatment at said sanatorium shall apply under oath to the court of the county in which he or she may reside, and if a resident of the city of St. Louis, to the city auditor of said city, who shall after a proper investigation and upon satisfactory proof made, issue a written request to the superintendent of said sanatorium for the admission and treatment of such person. Such requests shall state in writing whether such person is able to pay for his or her care and treatment

while at the sanatorium, which request and statement shall be filed and recorded in a book kept by the superintendent in the order of their receipt. Admission to the sanatorium shall be in the order in which the names of the applicants appear on the record book kept by the superintendent. Whenever there are vacancies in the institution, the superintendent shall at once issue a request to an examining physician, appointed as provided in section 13 of this act, in the same city or county, and if there be no examining physician in said city or county, then the nearest examining physician, for the examination by him of said patients. Upon the request of the superintendent, said examining physicians shall examine all persons applying for free admission and treatment in said institution. No person shall be admitted as a patient in said institution without a certificate of one of said examining physicians, certifying that such applicant is suffering from incipient pulmonary tuberculosis. Every person who is declared as herein provided to be unable to pay for his or her care or treatment shall be transported to and from the sanatorium at the expense of the county of which they are a resident, and if the patient be a resident of the city of St. Louis, then at the expense of said city.

Sec. 15. Support of free patients —At least once in each month the superintendent of the sanatorium shall furnish the State treasurer a list of all free patients in the sanatorium, together with sufficient facts to enable the State treasurer to collect from the various counties or cities such sums as may be owing to the institution for the examination, care, clothing and treatment of the patients who have been received by the institution and who are shown by the statement of the proper county or city officials, as hereinbefore provided, to be unable to pay for their care and treatment. State treasurer shall thereupon collect from the various counties or cities the sum due for the care and treatment of such patient at a rate not exceeding five dollars a week for each patient.

Sec. 16. Private patients.—Applicants for admission to this institution who are able to pay for their care and treatment are not required to obtain a written request from the local authorities, but may apply in person to the superintendent who shall enter the name of such applicant in a book to be kept by him for that purpose, as provided in section 14; and when there is room in said sanatorium for admission of such applicants, without interfering with the preference in the selection of patients, which shall always be given to the indigent, such patients shall be admitted to the sanatorium upon the certificate of one of the examining physicians, which certificate shall be kept on file by the superintendent.

Sec. 17. Support of private patients.—The board of managers shall have power and authority to fix the charges to be made to patients who are able to pay for their care and treatment in said sanatorium, or who shall have relatives bound by law to support them, who are able to pay therefor.

COPY OF THE INSTRUCTIONS FOR THE EXAMINING PHYSICIANS.

The law distinctly states that only incipient cases of pulmonary tuberculosis shall be received at the the sanatorium. In order that there be a common understanding of what is meant by an incipient case the following definitions are given: First will be described what is not an incipient case. A past-incipient case is one (1) which may have acute manifestations associated with fever and signs of progress; (2) which has distinct febrile reaction, weakness and other signs of toxemia after doing a small amount of work; (3) which may have an involvement greater than half of one lobe; (4) which may have marked ulcerative processes with cavity formation; (5) which may have laryngeal tuberculosis, as indicated by prolonged hoarseness; (6) which may have intestinal tuberculosis, with pain and diarrhea; (7) which may have marked loss of weight.

An incipient case will be considered one in which there is no marked impairment of function, either local or constitutional, and in which the localized consolidation is moderate in extent, involving less than a half of one lobe, with little or no evidence of destruction of tissue or disseminated fibroid deposits; and in which there are no serious complications; and in which there is no rapid loss of weight; and in which expectoration is small in amount or absent, and in which the tubercle bacilli may be present or absent,

The examination blanks have been made out with considerable care in order that the records of the physical findings will be so complete as to leave little doubt as to which class the case shall be judged to belong. It is hoped that the examiner will record facts—other than those called for in the examination blanks—which will be of service in classifying the case. The blanks should be filled out in duplicate and, whether the case be suitable or unsuitable, one of the forms should be mailed to the sanatorium in order that the reason for rejection or acceptance may always be available.

Should there be any doubt, at any time, on the part of the examiner in regard to anything pertaining to the examination or admission the physician in charge will be glad to supply any information in his power.

EXAMINING PHYSICIANS.

The following physicians have been appointed local examiners. Other selections will be made from time to time: Hannibal, A. J. Detweiler, J. J. Bourn; Palmyra, S. Sanford; New London, T. J. Downing-Aurora, J. B. Fleming; Ironton, I. A. Mar; shal; Leadwood, L. A. Anthony; Potosi J. P. Townsend; Montgomery City David O. Nowlin; Mexico, Edwin S. Cave; Joplin, L. I Mathews; Memphis, E. E. Parish; Crane, D. M. Huffman; Neosho, E. M. Roseberry; Macon, A. B. Miller; Shelbina, J. D. Smith; Columbia, Woodson Moss; Milan, W. L. M. Witter; Cassville, S. A. Newman; Albany, G.W. Doyle; Bethany, F.H. Broyles; DeSoto, A. H. Hamel; Poplar Bluff, J. J. Norwine; Charleston, A. W. Chapman; Cape Girardeau, J. D. Porterfield; Clinton, R. D. Haire; St. Louis, Wm. Englebach, L. M. Warfield, L. C. McElwee; Jefferson City, Gustave Ettmueller; Rolla, S. L. Baysinger; Kansas City, Robt. O. Cross, E. W. Schauffler, Newton McVey; Springfield, J. E. Tefft, J. P. Ralston, W. M. Smith; St. Joseph, L. A. Todd, W. B. Deffenbaugh, C. H. Wallace; New Madrid, Walter O'Bannon; Lexington, Caius T. Ryland, Dr. Roberts; Washington, O. L. Muench; Dixon, J. M. McCully; Lebanon, J. A. McComb; Bloomfield, John Ashley; West Plains, J. McB. Johnson;

Grant City, J. R. Phipps; Farmington, C. R. Fleming; St. Genevieve, Frank Hunch; Sullivan, J. P. Dunegan; Fredericktown, S. C. Slaughter.

THE BOARD OF MANAGERS.

Governor Folk named the following gentlemen to have control of the sanatorium. The office each holds as a result of the board organization is signified:

President, Dr. L. J. Eaton, Bismarck, Mo.

Vice-President, S. H. Minor, Aurora, Mo.

Secretary, W. L. Gupton, Montgomery City.

Auditor, W. D. Craig, Galena.

Medical Director, Dr. Wm. Porter, St. Louis.

The writer takes pleasure in expressing the fact that he is firmly convinced that each and every member of the Board is working for the best interests of the institution. They realize the possibilities of the institution, feel keenly the need for it, and are striving to deserve the support of every loyal Missourian.

OFFICERS OF THE SANATORIUM.

The Board chose the following officers who are discharging the duties involving upon them:

Superintendent, Dr. W. M. Bayliss.

Physician-in-chief, Dr. O. H. Brown.

Treasurer, Charles Lawson.

The officers of the sanatorium are ever willing to answer inquiries concerning the institution.

A STATEMENT OF THE PLANS AND PURPOSES OF THE MISSOURI STATE ASSOCIATION FOR THE CONTROL AND PREVENTION OF TUBERCULOSIS, TOGETHER WITH AN APPEAL TO THE PUBLIC FOR FINANCIAL SUPPORT.*

GEORGE HOMAN, M. D.

ST. LOUIS,

President Missouri State Association for the Prevention and Control of Tuberculosis.

To the Public:

The known presence of serious danger to health and life among intelligent people should lead at once to active measures of cooperation and organization for the purpose of meeting such danger in the most effective manner, and it is because the disease commonly known as consumption is a constant menace to every household that the Missouri State Association for the Control and Prevention of Tuberculosis has been formed, legally incorporated, and now solicits the aid of every person in the State in order to make thoroughly effective its work aimed at the overthrow and destruction of this pandemic disease.

If it may be imagined that at some time the Huns, Goths, or Vandals should invade Missouri and slay five thousand of her people every year, besides disabling many times that number annually, scores of thousands of armed men would take the field, and money would be poured out in millions to expel the destroyers. The difference between the ravages of this disease and the visitation of a hostile armed host would be that while the former slays in silence and stealth, the course of the other would be marked by tumult and violence—but the destruction wrought would be about the same, and the losses inflicted by the latter would be more easily recovered from than those incurred through the many months of wasting illness, which is the common course of tuberculous disease.

Slaughter and ravage by an armed enemy would be open and spectacular, commanding universal attention, while a worse affliction is visited upon the people by a subtle foe whose presence is endured only because of sufferance, ignorance, and inattention on the part of the public as to its nature, manner of spread, and means of control.

But at last public opinion is awakening to a sense of responsibility for this dereliction, and local, State and national organizations are very generally being formed for the purpose of combatting the spread and eradicating the sources of this disease, in the most comprehensive and thorough manner, and the work already done abroad and in this country is bearing notable fruit in a lessened death list and a decreased sickness rate brought about by a better understanding of the simple principles necessary to be observed in this line of effort.

The chief factors of success in such endeavors are, as experience has shown, clean air in full supply at all times, wholesome surroundings, good food and enough of it, together with the utmost care that every person known or thought to have consumption shall so dispose of that which he coughs up or spits out that no one else may be harmed by it.

The means by which this needed knowledge may be brought fully before the people are:

1. Public lectures, addresses, demonstrations and exhibitions.

2. The public press, with its wide influence as an educator.

3. The free distribution of leaflets, circulars, etc., setting out in plain terms what consumption is and how it can be both prevented and cured.

*Prepared by request of the Executive Committee.

4. Sanatoriums, dispensaries, etc., where affected persons may be taught the lessons how to get well and keep well and avoid giving the disease to others.

5. By the instruction of school children as to how this form of danger can be avoided.

6. Through the cautionings and teachings of physicians, nurses, and others having influence within the domestic household how such risks may be prevented.

In order to conduct a war successfully against tuberculosis money is needed, as well as in a campaign against an armed enemy, and the value and influence of expenditures against communicable disease can now be demonstrated by unimpeachable statistics as has already been shown in cities and countries that are most advanced and most liberal in this direction.

The plans of the Missouri State Association for the Control and Prevention of Tuberculosis contemplate the formation, as speedily as possible, of local organizations in every town and county in the State, these bodies to be constituted of the most active, intelligent and progressive members of their several communities, including both sexes and embracing all recognized callings and professions, and through these organizations to strive to instruct the people by all available means, as before indicated.

This work, if it is to be thoroughly done, together with clerk hire, printing, postage and miscellaneous expenses will call for the expenditure of a considerable sum of money, and it has been estimated that $10,000, can be wisely spent in this manner during this year and next year, and therefore an appeal is earnestly made for funds for this purpose.

As before intimated, if the present wastage and sacrifice of human health and life were marked by military violence and bloodshed there would be no question of ample financial means being forthcoming at once, and many considerations—humane, economic, civic, and personal—urge a liberal public support of an undertaking that has within it the assured promise and potency of deliverance from this great plague; as, with the sum indicated available, there is no doubt that a substantial reduction could be made in the death-rate from tuberculosis in Missouri within a few years, with a corresponding decline in the amount of sickness from this cause, and these results could and would be amply evidenced by impartial official records and figures.

Life membership in this association may be secured by the payment of $100, but contributions in any amount will be welcomed, and may be sent to Mr. Robert J. Newton, secretary, or Mr. J. Hal Lynch, treasurer, 625 Locust street, St. Louis, Mo.

NEWS OF A FORTNIGHT

THE Board of Supervisors, San Francisco, appropriated, September 17, $25,000 to defray plague expenses for that month, and gave absolute assurance of $20,000 per month for conduct of future plague measures. Full record up to this date shows thirty positive cases, eighteen deaths and twelve under treatment.

EXPENSE OF ILLINOIS STATE INSTITUTIONS.—According to a quarterly statement recently issued, the average per capita cost of inmates of the institutions of Illinois for the quarter ending June 30 was $42.68. The highest per capita was at the St. Charles Boys' School, which amounted to $73.45. The lowest was at the State Hospital for the Incurable Insane, Bartonville, with a per capita of $25.

THE Sixteenth International Congress of Physicians will be held at Budapest, Hungary, in 1909. The Emperor has vouchsafed it his patronage, and the Hungarian Government and municipal authorities of Budapest will give it their effective support. The charge d'affaires of the Austro-Hungarian Embassy at Washington, D.C., expresses the hope that the United States will be represented.

DR. C. A. L. REED, of Cincinnati, was the victim of what might have proven a very serious accident on October 7th, caused by the overturning of his automobile. He escaped with severe though not dangerous bruises, but is still confined to the house. Dr. Reed was to have read a paper before the Mississippi Valley Medical Association, then in session at Columbus, which body immediately despatched a telegram of sympathy and regret.

MANILA is the cleanest city in the entire Orient, declares the Manila American, and the statement is proved by the records of the bureau of health, which show that there has not in six months been a case of contagious disease. Such a record is the first not only in the history of the American occupation, but also so far as known, in the history of the islands. Not an epidemic disease has been reported thus far in 1907, nor can the same be said of any other district "all up and down the China coast and other tropical cities in other countries." Another note worthy fact is that "there have been fewer deaths during the current month than ever before since American occupation."

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

THOMAS A. HOPKINS,
Managing Editor.

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JOHN McHALE DEAN, Surgery.
F. P. NORBURY, Nervous and Mental Diseases.
R. B. H. GRADWOHL, Pathology and Bacteriology.
W. H. VOGT, Obstetrics and Gynecology.
WALDEMAR FISCHER, Ophthalmology.
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A. F. KOETTER, Otology.
T. A. HOPKINS, Genito-Urinary Diseases.
ROBERT H. DAVIS, Dermatology.

Editorial Rooms, Suite 319-321 Century Building, St. Louis.

EDITORIAL

The St. Louis Medical Society.

THE long talked of new constitution and by-laws of the St. Louis Medcial Society are at last an accomplished fact, and it is believed that these documents present very few points at which adverse criticism can be aimed. The society purposed to develop an organic law which should conform to the requirements of the State organization, and yet should meet with local conditions and promise an effective working. The constitution is changed to allow for the development of sections, to make the Council the business body, to allow for several vice-presidents (these to be the chairmen of the sections), and a change in the naming of the different classes of members and provision for a new class, namely, the teaching class, which includes men who are not necessarily registered or in practice.

The by-laws show more definitely the changes effected. The meetings of the society are made less frequent by half, being hereafter held semi-monthly, and the work of these meetings is to be almost exclusively scientific. With five sections already organized, and more coming, and these holding monthly meetings, it is believed that there will be sufficient opportunity for presentation of scientific work under the society's auspices. A Council composed of the president and twelve men, one-third to serve three years, one-third two, and one-third one year is to be elected, pending election the president has appointed a temporary Council which will conduct the business of the society along the lines defined by the by-laws until a body is duly elected. The Council elects members, it elects the standing committees, the treasurer and the censors.

A new committee, the Medico-Legal, is established which will have supervision of the plan of legal defense as presented in the by-laws. The plan of legal defense proposed is along lines already working in other cities. It provides for the employment of able legal talent and places the same at the disposal of members who are accused of malpractice during the pre-trial stage, only cases of civil malpractice suits are to be defended. Statistics show that better than 90 per cent of these cases are settled before going to court, or dropped by the plaintiff, and while in its experimental stage, it has been thought best to limit the society's interest in cases to the pre-trial stage, if this proves the success that is expected it will be further developed.

The method of conducting the society's elections has been entirely changed. Hereafter a nominating ballot will be taken by mail, ballots to be mailed between the 1st of December and noon of the 10th of December. From this ballot the Council will mail to each member a list of the nominees for each office, the member is to check his preference for each and return the same to the secretary not later than noon of the day of the annual meeting. The votes will be counted by the Council and the result announced after the reports of the officers and other business of the annual meeting.

The status of the Bulletin is defined and it is made to meet the present needs,. It will hereafter publish abstracts of papers read before the society with their discussions, news and announcements of interest to the society or its sections and two pages of advertising matter.

The temporary Council appointed by the president is representative and includes the following: Drs. Bishop, Burford, Graves, W. W. Greer, Grindon, Homan, Hopkins, T. A., Krebs, Koetter, Ball, J. M., Shattinger and Taussig, A. E.

DR. OCHSNER ADDRESSES THE SURGICAL SECTION.

The initial scientific session of the Surgical Section of the St. Louis Medical Society developed into an occasion of great interest to the whole profession of the city. As Chairman of the Section Dr. Tuholske has thrown himself into the work in so energetic a manner as to have created a general enthusiasm among the surgeons of the society. To make its inauguration of such importance as to be an incentive to earnest work he invited Dr. A. J. Ochsner, of Chicago, to be its guest and the orator of the evening. A dinner was given to Dr. Ochsner, by President Morfit at the University Club before the meeting to which were invited the officers and

councilors of the society and the officers of the sections. The dinner proved a most delightful introduction to an evening's entertainment, such as is seldom afforded the local profession. At 8:30 the party adjourned to the Auditorium, where an audience already taxing the seating capacity was assembled. Dr. Ochsner's address on "Surgery of the Stomach" was of remarkable interest. With his native modesty the doctor disclaimed any claim to originality, but rather a purpose to present the present status of the subject; to speak on this subject and not mention much which originated with Ochsner, would be difficult, though he did not enter into that phase of the discussion. His address was a scientific treat and a fitting dedicatory address for so important an occasion.

After adjournment the members of the section and a number of invited guests repaired to the beautiful home of its chairman, Dr. Herman Tuholske who received in honor of the guest of the evening. The occasion was most happily conceived and conducted, it brought together a body of men who should know each other and should work shoulder to shoulder, and we believe it will show results in a closer fraternity.

The Status of the Profession.

THERE is no question that the large majority of the laity rank members of the medical profession on a level with the average tradesman, and the question of getting ourselves out of the class of the butcher, baker and candlestick-maker is one of interest to every physician. A few years since a wealthy practitioner acquired a property in a select residence section of our city and proceeded to erect a residence. With the progress of the building the fact became apparent that he intended to use certain rooms for an office, and with this fact came the awful suggestion that he might want a sign on one of the panels of one of his doors; trouble was at once in the air, the select and private character of the street was to be contaminated and recourse to the courts was threatened to hinder this awful invasion. Fortunately the doctor was building on a corner, and by some alteration of his plans, making his office entrance on the side street, instead of on the sacred way, as originally planned, he was allowed to complete the edifice which he now occupies. Another case of like character and equal significance has been lately reported:

A Newark physician is suing the landlord of an apartment house for $5,000 damages on account of an alleged attack made upon the physician because he entered the apartment building *through the front door.* The physician was called to see a patient in the house, but the owner happened to be in the hallway, and a controversy arose as to the right of a physician to enter by the front entrance instead of by the servants' and tradesmen's door, the landlord finally assaulting the doctor. Efforts are said to have been made in other cases to compel physicians to enter by the back doors when making calls on patients living in apartment houses.

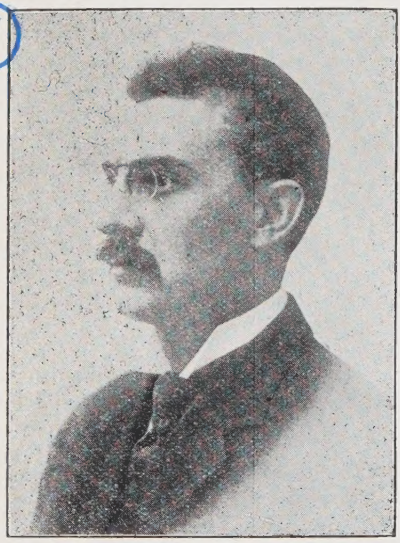
The medical profession is in a large degree responsible for such absurd positions as this, that we are classed with the tradesman is our own fault, and it is up to us to remedy the condition. We neglect our responsibilities in politics and in society, we are too busy to attend to any other duty than that which concerns the treatment of disease and we have been allowing the profession to lose caste. Our neighbors to the North, the Canadians, could teach us a number of lessons in the matter of holding our social position and commanding respect. If we do not want the profession to be utterly commercialized and made to rank with the class of the skilled trades, it is time for us to be awake and doing.

The Mississippi Valley Medical Association.

THROUGH a combination of circumstances out of our control we were hindered from attending the recent meeting of the Mississippi Valley Association, held in Columbus, and consequently our report of that good meeting has to be made up from the narration of those who were privileged in this. It is unfortunate that two societies which appeal largely to men of the same section should have selected identically the same days for their meeting, and should have met in cities at a considerable distance from each other. We refer to the meeting of the Medical Society of the Southwest which met at Hot Springs, Ark. St. Louis was not largely represented at either meeting, but lack of interest is not responsible for this; conditions locally are against leaving the city during the early days of October; did these meetings occur somewhat earlier, or later, they would draw much more effectively from St. Louis.

The meeting at Columbus was one of usual enthusiasm, no one ever failed to find both scientific benefit and fraternal uplift from attendance on M. V. M. A. meetings. There was a remarkable accentuation of the scientific this year, and the papers were of a high

degree of excellence and merited the close attention which they commanded. The address in Medicine was delivered by Dr. George F. Butler and was one of his best. He spoke on "Medical Men and Their Influence on Human Progress." His attitude toward the A. M. A. and its Council of Pharmacy may not please all, but it was rational in the matter of fact, and is a strong index to the reaction in our ranks which is certainly coming. Dr. Frank D. Smythe, of Memphis, delivered the address in Surgery, chosing for his subject "A Contribution to the Literature on the Pathology, Etiology, Symptomatology and Technique of the Operation of Supravaginal Hysterectomy for Fibroid



ARTHUR R. ELLIOTT, M. D.
President-elect Mississippi Valley Medical Association.

Tumors of the Uterus." The address was characterized by ingenuity and originality, and commanded the closest attention of the Association.

Columbus lived up to the standard set at the meeting of the A. M. A. a few years since in the matter of hospitality and the association closed its session with a feeling of regret that they as individuals could not longer be so hospitably entertained.

The officers for 1908 are: President, Arthur R. Elliott, Chicago; first vice-president, F. F. Lawrence, Columbus; second vice-president, R. C. McChord, Lebanon, Ky.; secretary, Henry Enos Tuley, Louisville, Ky.; treasurer, S. C. Stanton, Chicago.

Louisville was chosen for next meeting lace.

ST. LOUIS MEDICAL NEWS

Dr. A. C. F. Brown is convalescing from an illness which has kept him from his practice for the past month.

Dr. H. J. Scherck has been made Genito-Urinary Surgeon to the Missouri Pacific Hospital of St. Louis.

Dr. and Mrs. Otho F. Ball are receiving congratulations over the advent of a son, which arrived early in the month.

1908 Session of Our Medical Schools.—A new session is well under way at the various medical schools of the city and the work of the year is being enthusiastically undertaken. The fact that the State University is to control the Barnes College after this session has added a new impetus to local educational interests, and has acted to the advantage of all schools.

Sections of the St. Louis Medical Society.—The St. Louis Medical Society has now five sections, an Ophthalmic, an Oto-Laryngological, a Surgical, the Civic Medical Section and the Section on Internal Medicine. Each of these is organized for work, and has its winter campaign well under way. Sections for those interested in other specialties will be organized as there is demand.

Discontinuance of the Medical Science Club.—After some ten years of active and useful existence the St. Louis Medical Science Club has disbanded. The club was organized at a time when other organizations offered little incentive to those who wished to keep aggressively in touch with the latest advances and theories, and in its day was a distinct factor for advancement. With the development of the St. Louis Medical Society and the organization of its sections, the club has felt that the reason for its existence has ceased, and it will hereafter lend its energies to the work of the society. It is thought that this initiative will be followed by similar action by some other independent organizations.

The Night School.—The organization of a Night Medical School in St. Louis is an accomplished fact of the present fall; the Hippocratean Medical College is giving regular lectures and clinics to a class of about thirty-five, and the material constituting this class is exceptionally good. We hear that the State Board has announced that it will not recognize the graduates of this school on the ground that proper medical training cannot be given in evening sessions alone. The fairness and legitimacy of this ruling

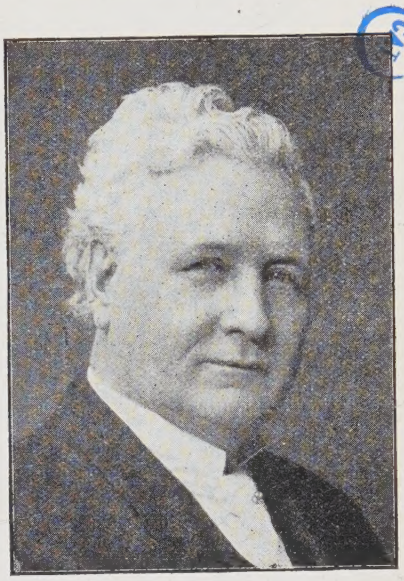
has been questioned, and while we do not purpose criticism of either side to the argumen we do believe that the time and place of getting a medical education should less concern the board than does a demonstration of fitness to practice.

MEDICAL INSPECTION OF SCHOOL CHILDREN.—Better medical inspection of public schools in St. Louis as a means of checking the spread of disease is the intent of a bill which soon will be introduced in the Municipal Assembly at the instance of the Board of Health. The bill, which was prepared by M. B. Greensfelder, who has advised with medical men conversant with the subjects, is now in the hands of Assistant Health Commissioner Winn. The bill provides for ten inspectors, who shall be registered physicians, and for ten trained nurses. It will be the duty of the inspectors to visit the public schools each morning before 10 o'clock. If a pupil show the least sign of disease or illness he will be sent home until recovered. If disease is suspected, the patient will be watched until the result is determined. The nurses will aid the physicians in the care of the sick children. Such a law is in force in New York and Chicago.

THE MULHALL DECISION.—It seems a strange miscarriage of justice that so prominent a business man and educated a gentleman as Zach. Mulhall should have been exonerated by the courts for having failed to hit his man, even though he did hit another. During the World's Fair Mulhall had a difference with a man on the crowded Pike and proceeded to shoot him, the man dodged and another man was shot. After such delays as only the rich and influential can command the case has been nolle prosequied and Mulhall goes free. Mulhall is a fine man who has that engaging personality and appearance which makes people like him, but that does not excuse him for shooting into a crowd. We know him personally and like him, but we would like to have seen him take his medicine like a man. Gun exercise is such a place and under such conditions is inexcusable, it should not be encouraged, and the high social position of the man behind the gun but aggravates the offense.

ELECTED OFFICERS—At the annual meeting of the John T. Hodgen Medical Society, held at Nevada, Mo., on October 3, the following officers were elected: President, Dr. T. B. M. Craig, Nevada; vice-president, Dr. G. D. Allee, Lamar; secretary, S. A. Johnson, Nevada.

MEDICAL ASSOCIATION OF THE SOUTHWEST.—The second annual meeting of this association was held in Hot Springs, Ark., October 8 to 10, with a goodly number in attendance. The papers were read in three sections, and the discussions were highly educational in their development. A number of the papers, including the able address of the president, Dr. C. M. Rosser, will appear in the MEDICAL FORTNIGHTLY. The election of officers for the ensuing year resulted as follows: For president, Dr. T. E. Holland, Hot Springs, Ark.; vice-presidents, Drs. S. S. Glasscock, Kansas; S. C. James, Missouri; J. E. Gilcreest, Texas; B. J. Vance, Oklahoma; secretary-treasurer, Dr. F. H. Clark, El Reno, Okla. Kansas City was chosen as the next place of meeting, in 1908.



DR. T. E. HOLLAND,
President-elect Medical Association of the Southwest.

MEDICAL FEES IN FRANCE.—The local medical association of Charenton, a suburb of Paris, created widespread excitement at a meeting on October 2 by announcing that in future the fees for medical attendance would be increased and determined on a sliding scale according to the social condition of the patients. Workmen would be charged three francs, as usual; tradesmen, well-to-do employers, small landholders, clerks, four francs; large manufacturers, merchants, and rich landholders, five francs, during the day. Between 7 and 10 in the evening and Sunday and holiday afternoons the prices would be doubled. From 10 in the evening until 7 in the morning the prices would be 10 francs.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph post-office as second-class matter.

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Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

FAVORITE PRESCRIPTIONS

ACNE PIMPLES OR BLACKHEADS.—

Resorcin	gr. xv
Beta-naphtol	
Camphor	aa gr. xii
Precip. calcium carbonate	gr. xv
Precip. sulphur	3iss
Petrolatum	3j
Wool-fat, to make	3ij

Bathe the face in hot water, followed by a thorough rubbing with a rough towel, then apply the ointment. Use night and morning.

HAY FEVER.—Dr. E. Fletcher Ingals suggests the following spray for hay fever:

℞ Resorcin	gr. v
Adrenalin chloridi	gr. ss
Acidi borici	gr. xv
Aq. camphorae (hot)	3ss
Glycerini	3ss
Aq. dest., q.s.ad	3ij

M. Sig.: Use as a spray to eyes and nose four or five times daily.—Med. Bulletin.

STYES.—

Boric acid	3j
Dist. ext. witch hazel	3ij
Distilled water, to make	3iv

Apply on a piece of absorbent cotton several times a day.

VARICOSE ULCERS.—

Carbolic acid	*m* xxx
Boric acid	3ijss
Camphor	3ij
Ichthyol	3v
Expr. oil almond	3ijss
Ointment zinc oxide	3iijss

Or:

Iodoform	
Powd. salol	
Bismuth subnitrate	
Powd. charcoal	
Powd. cinchona	
Powd. benzoin	aa 3ij

Use as a dusting powder.

CURE FOR SEA-SICKNESS.—Corning (N. Y. Medical Journal) uses the following:

℞ Morphin	gr. 1-6
Cannabis indica	gr. ¼
Nitroglycerin	gr. 1-300
Strychnin	gr. 1-60
Resorcin	gr. 1
Cocain	gr. 1-6

Mix, and make pill, and direct one every three or four hours.

EPIDEMIC OF RABIES IN PENNSYLNANIA.—As the result of an epidemic of rabies in Chester county, Pennsylvania, it has been necessary to kill 15 dogs, 25 cows, and 10 horses. Hydrophobia has now received official sanction, for the newspapers state that as the result of experiments undertaken at Bethesda, Md., in order to put a quietus on those who maintain that it is an imaginary ailment, the Department of Agriculture has announced that hydrophobia exists and is a real disease.

CREMATION AND TUBERCULOSIS.—Dr. S. A. Knopf has expressed himself as favoring the cremation of persons dying from tuberculosis and other communicable diseases, on the ground that the causative organisms persist for long periods in the earth after interment, infecting underground veins of water and jeopardizing the health of the living, especially in crowded communities. In order to gain an idea of the general sentiment regarding this means of disposing of bodies he addressed letters to prominent physicians, sociologists, sanitarians and clergymen throughout the country and the replies in almost every case were favorable to the system.